

**New Mexico Universal Service Fund
2021 Carrier Remittance Worksheet**

(due the 15th of the month after the month being reported unless the 15th is a Saturday, Sunday or Holiday)

A. Company Code NM-
B. Submission Date

ILLUSTRATIVE
**** This form must be filed electronically via E-File at
<https://www.gvnwusf.com/nm/>**

E. Revenue Data Month(s):			
Jan-21	Apr-21	Jul-21	Oct-21
Feb-21	May-21	Aug-21	Nov-21
Mar-21	Jun-21	Sep-21	Dec-21
1st QTR	2nd QTR	3rd QTR	4th QTR
F: ORIGINAL		REVISION	

SECTION 1 - CARRIER IDENTIFICATION

1. Company Name										
1a. Complete Mailing Address										
1b. Telephone:			E-Mail Address (required):							
2. Primary Communications Business (Please circle primary business and "X" other categories being reported):										
LEC	IXC	CAP	CLEC	CEL	PCS	OSP	PAG	RSLR	VOIP	OTHER (explain)
3. Parent Company:										
3a. Complete Mailing Address:										
3b. Telephone			E-Mail Address (required):							

SECTION 2 - REMITTANCE CALCULATION

4. NUMBER OF NON-EXEMPT COMMUNICATION CONNECTIONS	4.	
5. 2021 ASSESSMENT RATE	5.	\$ 1.08
6. REMITTANCE (Line 4 x Line 5)	6.	\$ -

SECTION 3 - LITAP CALCULATION

Please Note: Backup is Required Before Payment is Issued. Please Provide FCC Form 497, Receipts, Vouchers, etc.

7. ENTER THE SINGLE MONTH FOR WHICH QUALIFIED LIFELINE CUSTOMERS ARE REPORTED.....	7.	
7a.) Enter Each Reported SAC#.....	7a.)	
7b.) Enter the Sum of all Tier 3 Customers.....	7b.)	
8. RATE PER CUSTOMER (MAXIMUM SUPPORT PER CUSTOMER IS \$3.50).....	8.	\$ -
9. TOTAL ADJUSTED LIFELINE SUPPORT OR TRUE UPS & ADJUSTMENTS REPORTED THIS MONTH.....	9.	
10. LIFELINE DISCOUNT (Line 7b x Line 8) + (Line 9).....	10.	\$ -
11. INTEREST ACCRUAL AMOUNTS ON LIFELINE FUNDS	11.	
12. THE AMOUNT OF ADMINISTRATIVE, ADVERTISING, VOUCHER & OTHER LIFELINE EXPENSES	12.	
13. LITAP - TOTAL: (Line 10 + Line 11 + Line 12).....	13.	\$ -
14. LITAP - THE FOREGONE REVENUE RESULTING FROM THE DISCOUNTS PROVIDED TO LIFELINE CUSTOMERS AFTER AFTER REIMBURSEMENTS (Non-Add Item).....	14.	

SECTION 4 - NET REMITTANCE CALCULATION

15. (NON-LITAP) NMUSF SUPPORT (Payable to Eligible Telecommunications Carriers)	15.	
16. NET NMUSF REMITTANCE: (Line 6) - (Line 13 + Line 15) A Negative Amount Indicates a NMUSF Payment is Due to the Carrier	16.	\$ -

SECTION 5 - CERTIFICATION

Under penalties as provided by law, I certify that I have examined the information provided in this Carrier Remittance Worksheet and to the best of my knowledge and belief it is true, correct and complete. I further acknowledge GVNW's authority to request additional information as necessary.

_____	_____	_____	_____
Date	Officer Name	Officer Signature	Title
_____	_____	_____	_____
Date	Filer Name	Filer Signature	Filer Email

For Regular Payment by Check: GVNW Consulting, Inc. New Mexico USF P.O. Box 27561 Albuquerque, NM 87125-7561	For Overnight Payments by Check: GVNW Consulting, Inc. New Mexico USF Attn: Lockbox Department 3900 Vassar NE Albuquerque, NM 87107	For Electronic Funds Transfer: Identify the transmittal as: GVNW/NMUSF Payment Bank of Albuquerque, N.A. Albuquerque, NM 87107 Contact GVNW for Account Information	Identify your payments by providing the NMUSF Company Code.
---	---	--	--

Please make payments payable to: NMUSF or New Mexico USF Checks made payable to any other entity will not be processed and will be returned. NMUSF - GVNW 2021